Madam, it is very kind of you that you sent me the letter to editor related to my publication "Rare primary fallopian tube carcinoma; a gynaecologist’s dilemma: case series" published in the January 2016 issue of JPMA.

Answer to the queries is that:

- All the cases were proven by histopathology that primary was in fallopian tubes and not in ovaries and omentum.
- On microscopic examination dysplastic changes in the mucosa adjacent to the tumour suggested origin from the fallopian tube.
- Dilated lymphatics and vascular invasion seen in the wall of the fallopian tube fulfilled Sedlis criteria.
- Ovaries were involved by metastasis as cases were diagnosed at very advanced stages as in case 2 only outer surface was involved and rest of the residual ovaries were normal.

Do not hesitate if you have further queries.